

# North Carolina COVID-19 Vaccine Management System

## Provider Enrollment Portal Organization Administrator User Guide

Version 4

January 13, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the  
CVMS Help Desk Portal\* at  
[https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

\* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

**Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:**

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code

NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)

For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021

3. You will receive an e-mail with your username and temporary password to log into the portal

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# Overview

### Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

Don't Show this Again ☐

Close

In this user guide, we will discuss how to complete Section A of the CVMS Provider Enrollment Process.

The content included in this user guide is for the following role:  
**Organization Administrator**

Additionally, you will need to:

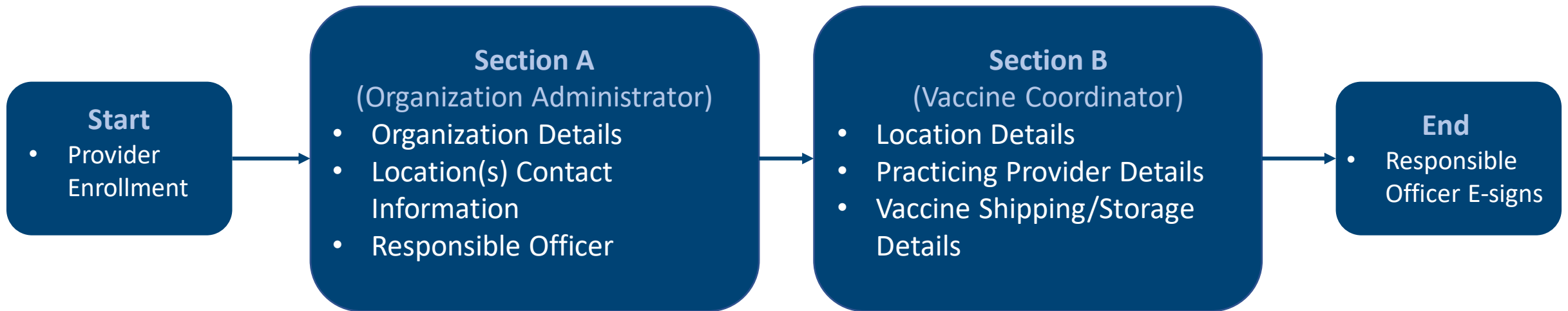
- Use the latest version of Chrome, Firefox, or Safari
- Log into the CVMS Provider Enrollment Portal (link to the portal included in the email inviting you to register)

**Now, let's get started!**

# Provider Enrollment Process Overview

# CVMS Provider Enrollment Process Overview

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL**. The CVMS Provider Enrollment Portal is a cloud-based solution.



## Additional Resources

- Provider Enrollment Portal (link to the portal included in the email inviting you to register)
- Provider Enrollment Checklist - <https://immunize.nc.gov/providers/covid-19training.htm>



## Relevant Roles

- Organization Administrator
- Vaccine Coordinator
- Responsible Officer (CEO and CMO)

# Provider Enrollment Roles

A provider is anyone who provides and administers healthcare services.



## Organization Administrator

- Completes Section A for the entire organization.

## Vaccine Coordinator

- Completes Section B for their assigned location(s)
- On-site at the location

## Chief Executive Officer (CEO)

- Reviews and signs on behalf of all locations within the organization

## Chief Medical Officer (CMO)

- Reviews and signs on behalf of all locations within the organization

# Provider Enrollment Role Checklist

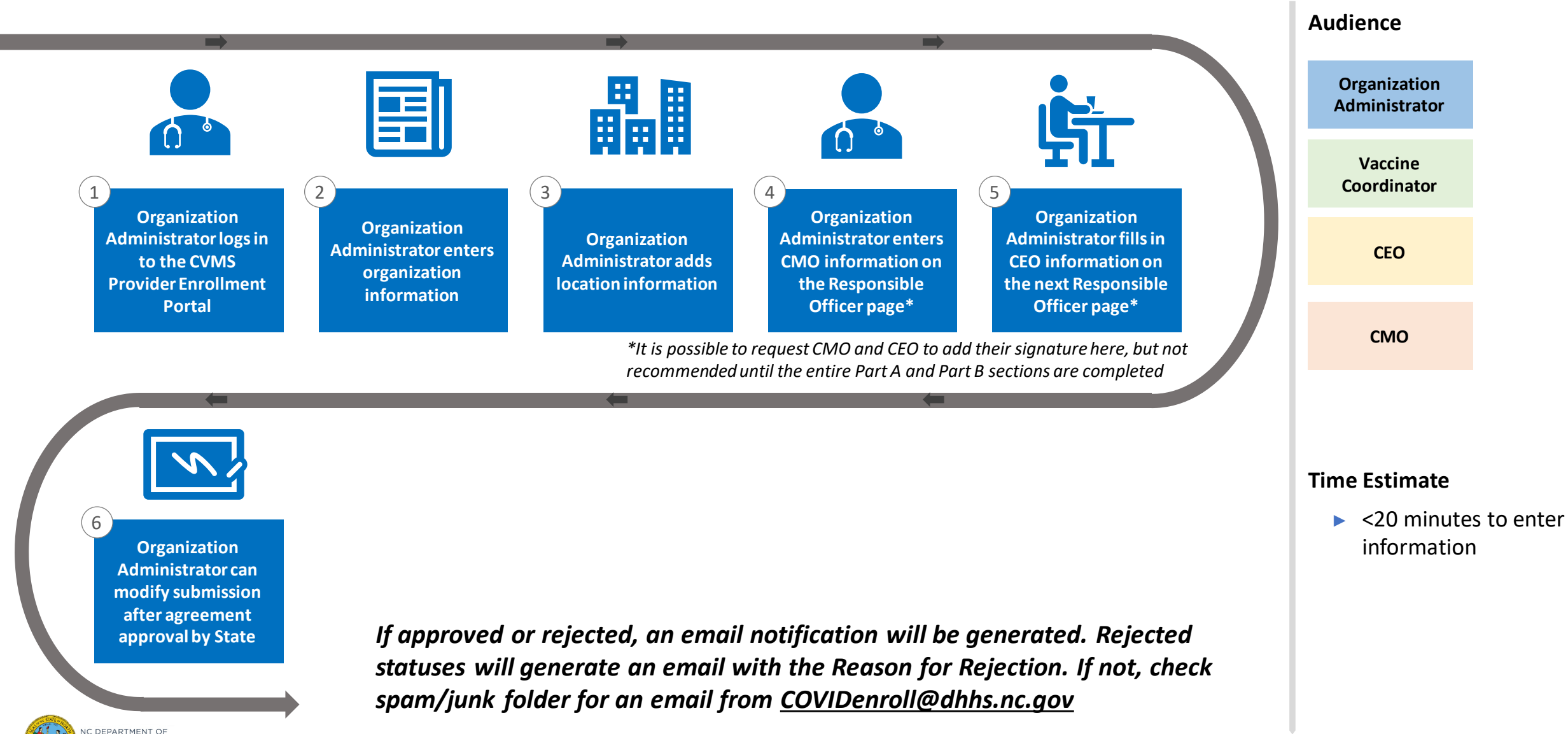
COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator	Vaccine Coordinator	Chief Executive Officer (CEO)	Chief Medical Officer (CMO)
<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Register</b> for a Provider Enrollment account</li><li><input type="checkbox"/> Mark if your organization is a <b>Redistribution Participant</b></li><li><input type="checkbox"/> <b>Add</b> all locations</li><li><input type="checkbox"/> Add your organization's <b>CEO</b></li><li><input type="checkbox"/> Add your organization's <b>CMO</b></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Register</b> for a Provider Enrollment account via the link in the welcome email</li><li><input type="checkbox"/> <b>Upload pictures</b> of the interior and exterior of your <b>storage units</b></li><li><input type="checkbox"/> <b>Input all practicing providers</b> at your location</li></ul> <p><b><u>For locations with at least 25 practicing providers:</u></b></p> <ul style="list-style-type: none"><li>• Request &amp; return the <b>Provider Bulk Upload Template</b> to the <a href="https://ncgov.servicenowservices.com/csm_vaccine">https://ncgov.servicenowservices.com/csm_vaccine</a> (Ref. slide 2)</li></ul> <ul style="list-style-type: none"><li><input type="checkbox"/> Review and sign the <b>CDC COVID-19 Vaccination Program Provider Agreement</b></li><li><input type="checkbox"/> Review and sign the <b>Storage and Handling Attestation</b></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Register</b> for a Provider Enrollment account via the link in the welcome email</li><li><input type="checkbox"/> Review and sign the <b>CDC COVID-19 Vaccination Program Provider Agreement</b></li><li><input type="checkbox"/> If applicable, review and sign the <b>CDC Supplemental COVID-19 Vaccine Redistribution Agreement</b></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Register</b> for a Provider Enrollment account via the link in the welcome email</li><li><input type="checkbox"/> Review and sign the <b>CDC COVID-19 Vaccination Program Provider Agreement</b></li><li><input type="checkbox"/> If applicable, review and sign the <b>CDC Supplemental COVID-19 Vaccine Redistribution Agreement</b></li></ul>

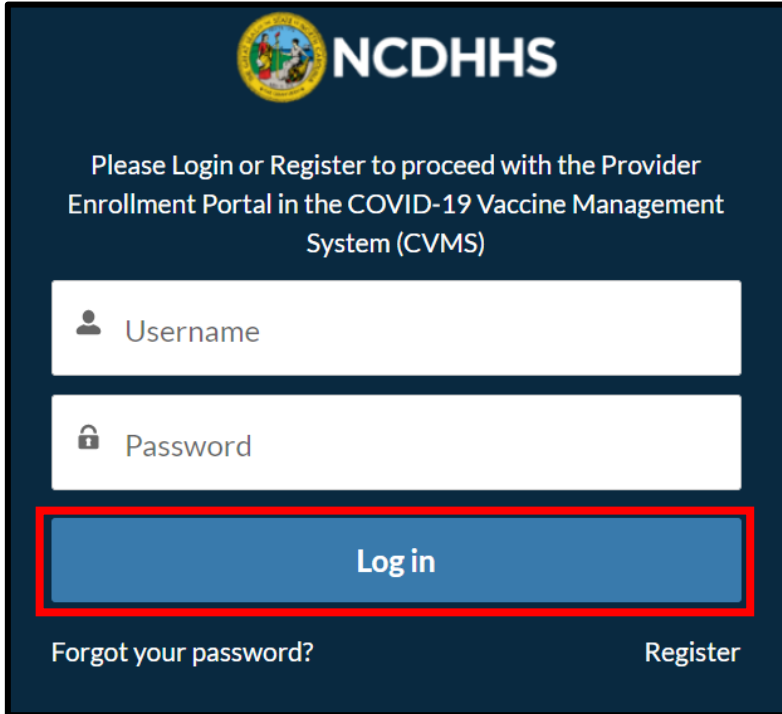



# Completing Section A

# Provider Enrollment Workflow – Section A





## Step 1 of 9: Log into the CVMS Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

**Log in**

[Forgot your password?](#) [Register](#)

When you are ready to begin the Provider Enrollment process, navigate to the CVMS Provider Enrollment Portal.

1. Enter your **USERNAME**
2. Enter your **PASSWORD**
3. Click **LOG IN**
4. After clicking log in, you will be directed to **COMPLETE SECTION A**

*Reference the CVMS Provider Enrollment Account Registration and Password Reset User Guide for more information about account creation, which is available on the NC Immunization Branch website at <https://immunize.nc.gov/providers/covid-19training.htm>*

### Audience

Organization Administrator

### Tips

Link to the portal included in the email inviting you to register.

# Step 2 of 9: Collect Key Details Before Beginning Section A

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on ['Locations'](#) at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

Don't Show this Again ☐

Close

After logging in, you will see a message reminding you of the details you will need to complete

## SECTION A:

- Organization Details
- Organization Administrator Contact Details
- Location(s) administering vaccination
- Information about your Executive Officers (CEO / CMO)

1. COLLECT THESE DETAILS beforehand
2. CLOSE the window
3. You will be directed to Section A.

## Audience

Organization Administrator

NCDHHS

CVMS Provider Enrollment

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

Organization Information

Locations

Responsible Officers

Review

Provider Enrollment

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Section A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.



# Step 3 of 9: Enter Your Organization Details

Once you begin Section A, you will be prompted to enter your **organization details** and indicate if your **organization is a redistribution participant**.

1. Populate **ALL REQUIRED ORGANIZATION DETAILS**
2. If your organization is a redistribution participant, select **YES** next to **REDISTRIBUTION PARTICIPANT**
3. If you select Yes, your **CEO and CMO** will be required to **SIGN AN ADDITIONAL AGREEMENT** indicating that they have reviewed the submitted information and signed the redistribution agreement.
4. Review all details entered
5. Click **NEXT**

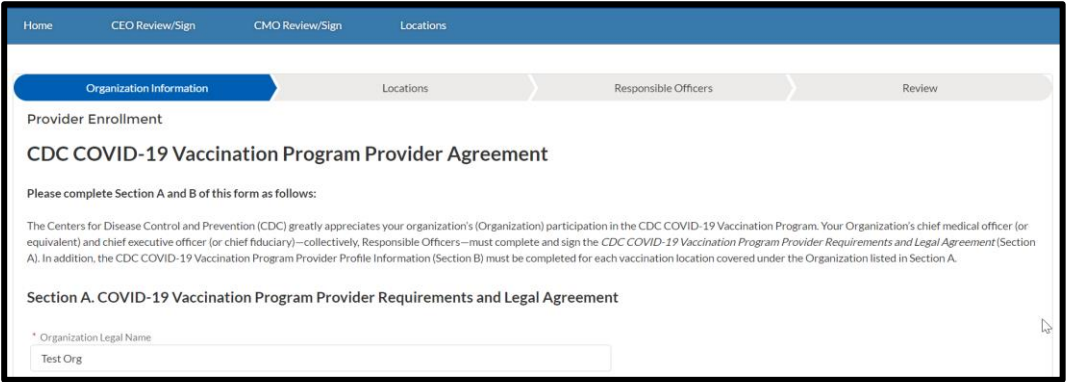
## Audience

Organization Administrator

## Tips

You can pause and save your progress at any point before submitting Section A.

If you pause, you must logout before logging in and continuing your session.



The screenshot shows a web application interface for the CDC COVID-19 Vaccination Program. At the top, there is a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress bar with four steps: Organization Information (active), Locations, Responsible Officers, and Review. The main content area is titled 'Provider Enrollment' and 'CDC COVID-19 Vaccination Program Provider Agreement'. It includes a sub-header 'Please complete Section A and B of this form as follows:' and a paragraph of introductory text from the CDC. Below this, 'Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement' is displayed. A form field for 'Organization Legal Name' is visible, with 'Test Org' entered. A red box highlights a 'Next' button at the bottom right of the form.

Next

# Step 4 of 9: Add Your Location(s) Details

The screenshot shows a web application interface for 'Provider Enrollment'. At the top, there's a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress indicator with four steps: a green checkmark, 'Locations' (highlighted in blue), 'Responsible Officers', and 'Review'. The main content area is titled 'Add New Location' and contains several text input fields: '\* Location Name', '\* Primary Coordinator First Name', '\* Primary Coordinator Last Name', 'Primary Coordinator Middle Initial', '\* Primary Coordinator Telephone', and '\* Primary Coordinator Email'. Each field has a small information icon to its right. Below the fields are three buttons: 'Create Location', 'Pause', and 'Next' (which is highlighted in blue). At the bottom left, there's a 'Previous' button. The footer of the page features the NC Department of Health and Human Services logo.

After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** and their respective details.

On this page, you will see a list of **PENDING AND APPROVED LOCATIONS.**

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

## Audience

Organization Administrator

## Tips

All locations within an organization must have the same CMO and CEO. If a location has a different CMO or CEO, a unique Organization Administrator representing the organization will have to complete a separate Section A.

# Step 5 of 9: Edit Your Location(s) Details

NCDHHS  
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental Information on your organization. To complete this section, you will be asked for:

[View More](#)

Provider Enrollment

Approved Locations

<input type="checkbox"/>	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Initial
--------------------------	---------------	-----------------------------	----------------------------	---------------------------------

Pending Locations

<input type="checkbox"/>	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Initial
1	<input type="checkbox"/> ABC Laboratory	Glen	Jones	

[Deactivate Location\(s\)](#)

**Add New Location**

\* Location Name

\* Primary Coordinator First Name

\* Primary Coordinator Last Name

Primary Coordinator Middle Initial

\* Primary Coordinator Telephone

\* Primary Coordinator Email

[Create Location](#)

After adding a location, you are able to edit and update the information.

1. Locate the **LOCATION** you wish to edit
2. Click the **PENCIL ICON** next to the field you wish to update
3. Update the information
4. Review the information. Repeat for all details you wish to update.
5. Click **NEXT**

## Audience

Organization Administrator

## Tips

If you wish to manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Account Maintenance User Guide**.

# Step 6 of 9: Deactivate Your Location(s)

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The top navigation bar includes links for Home, CEO Review/Sign, CMO Review/Sign, and Locations. The main content area is titled 'Provider Enrollment' and has a progress bar with three steps: 'Locations' (active), 'Responsible Officer', and 'Add New Location'. Under 'Approved Locations', there is a table with columns for Location Name, Pri. Coordinator First Name, Pri. Coordinator Last Name, and Pri. Coordinator Middle Initial. Below this is a 'Pending Locations' section with a similar table. A 'Deactivate Location(s)' button is highlighted with a red box. At the bottom, there is a 'Create Location' button.

After adding a location, you can deactivate location(s). If you wish you manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Location Management User Guide**.

1. Locate the **LOCATION** you wish to deactivate
2. Select the **CHECKBOX** for one or more locations
3. Review the locations you have selected to deactivate
4. Click the **DEACTIVATE LOCATION(S)** button
5. Click **NEXT**

## Audience

Organization Administrator

## Tips

Click **Previous** if you need to go back and edit a location.



# Step 7 of 9: Complete CMO Information

After adding your locations, you will enter your **CHIEF MEDICAL OFFICER (CMO)** Information on the Responsible Officers page.

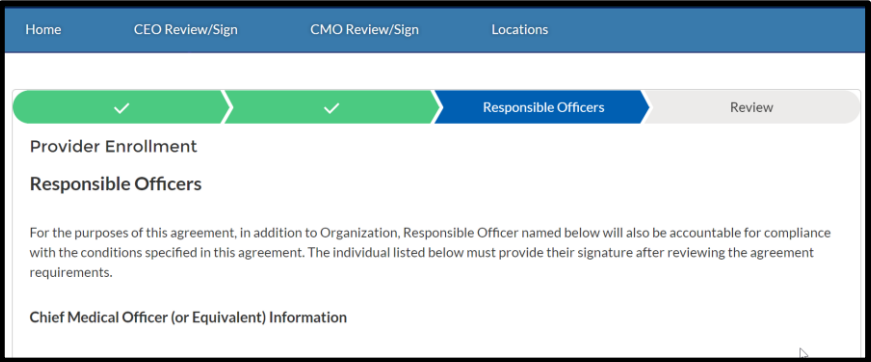
At the bottom, you will see the box **SEND REQUEST FOR SIGNATURE NOW** checkbox. This will immediately generate an email to the CMO requesting their review and approval.

It is **NOT RECOMMENDED TO CHECK THIS BOX** until Section A and Section B are complete. If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location.

- 1. Enter **ALL CMO DETAILS**
- 2. Click **NEXT**

## Audience

Organization Administrator



# Step 8 of 9: Complete CEO Information

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Executive Officer (or Chief Fiduciary) Information

After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER (CEO)** Information on the Responsible Officers page.

You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature.

It is **NOT RECOMMENDED TO CHECK THIS BOX** until Section A and Section B are complete. If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location.

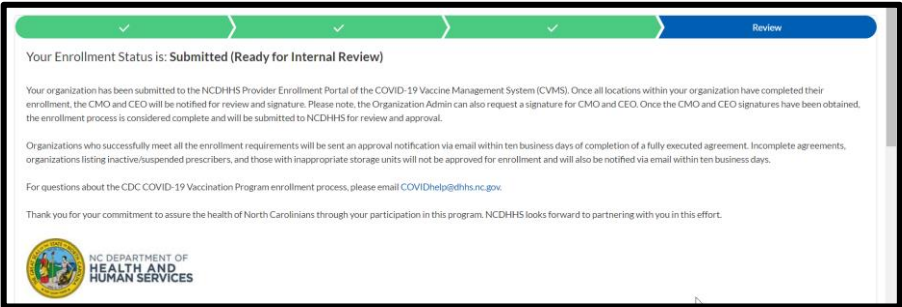
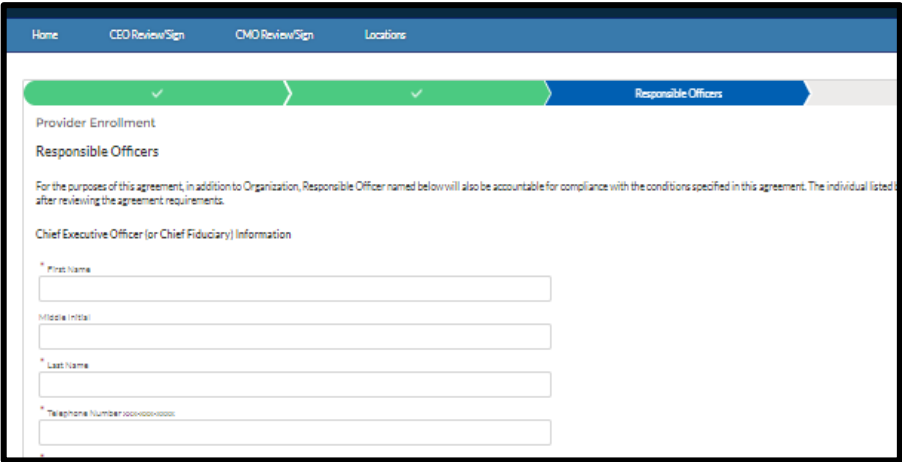
- 1. Enter **ALL CEO DETAILS**

Audience

Organization Administrator

Please refer to slide 16 on how to make changes to locations

# Step 9 of 9: Complete Section A



Once all CEO details are entered, you are ready to **COMPLETE SECTION A.**

If you need to make any changes before completing Section A, use the **PREVIOUS BUTTON** to go back and **MAKE UPDATES.**

After submitting Section A, you will see that your **ENROLLMENT STATUS** is **SUBMITTED.**

1. Confirm that **DETAILS ARE CORRECT**
2. Once the CEO page is complete, click **NEXT**
3. You will be directed to the **SUBMISSION PAGE**

Audience

Organization Administrator

# Steps After Completing Section A

# Organization Status Notification

You will receive an **EMAIL NOTIFICATION** once the status of your organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

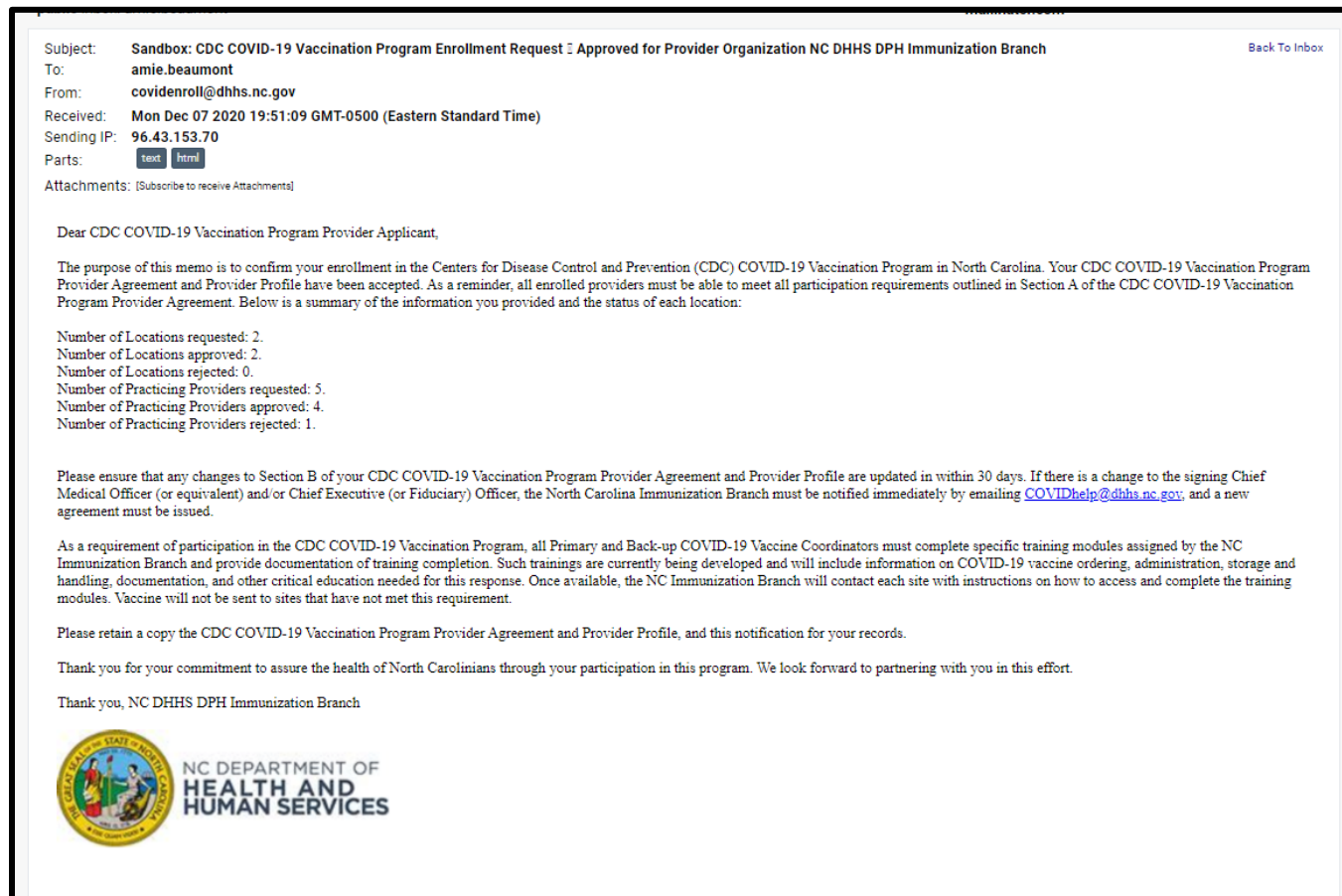
Check the spam/junk folder if an email is not received. Emails will be sent from the CVMS Help Desk Portal.

## Audience

Organization  
Administrator

## Tips

The [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov) email mentioned in this screenshot is now retired. Please contact the [CVMS Help Desk Portal](#) with any questions!



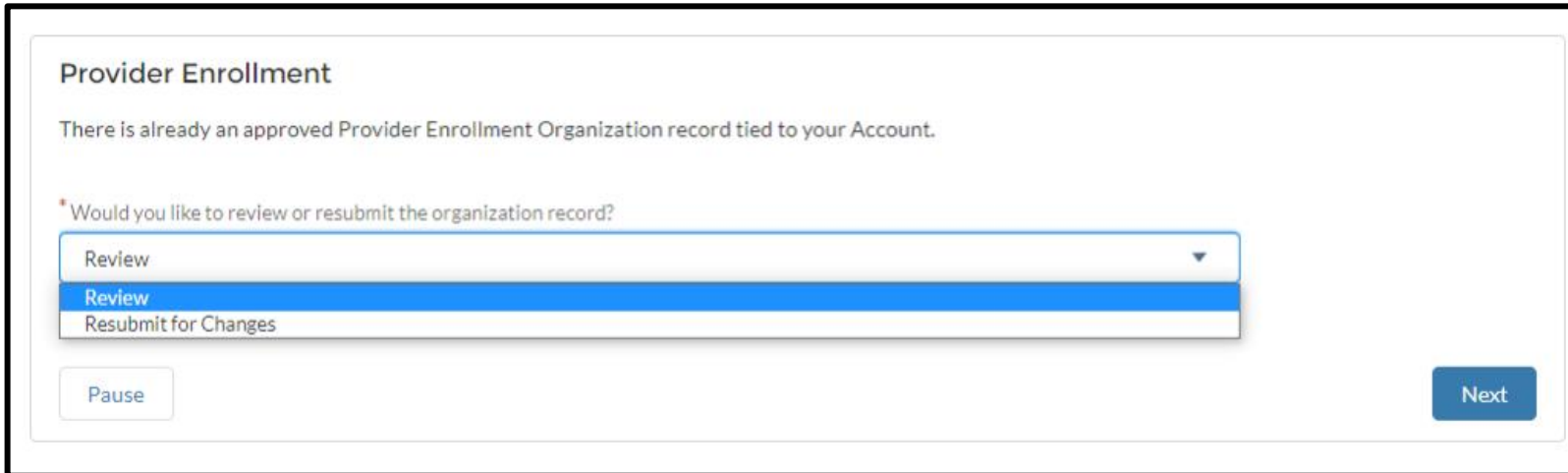
## Update Section A After Submission

You will be able to **UPDATE SECTION A** after your organization's provider enrollment agreement has been approved. It is important to know that if you **RESUBMIT SECTION A**, your **CEO AND CMO WILL BE REQUIRED TO SIGN AGAIN** the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable. Your **ORGANIZATION** will also have to be **REAPPROVED**.

1. Log into the **CVMS PROVIDER ENROLLMENT PORTAL**
2. If you want to **REVIEW THE STATUS** of your Provider Enrollment Agreement, **SELECT REVIEW**
3. If you want to **MAKE UPDATES**, select **RESUBMIT FOR CHANGES**

### Audience

Organization  
Administrator



The screenshot shows a web interface titled "Provider Enrollment". Below the title, it states: "There is already an approved Provider Enrollment Organization record tied to your Account." A question follows: "\* Would you like to review or resubmit the organization record?". Below this question is a dropdown menu with three options: "Review", "Review", and "Resubmit for Changes". The first "Review" option is currently selected and highlighted in blue. At the bottom left of the form is a "Pause" button, and at the bottom right is a "Next" button.

# Primary Vaccine Coordinator – Section B

If you are also the **PRIMARY VACCINE COORDINATOR** for the location in your organization, you can now begin Section B of the Provider Enrollment process.

For more guidance on how to complete Section B of the Provider Enrollment Process, please review **CVMS Provider Enrollment Vaccine Coordinator User Guide**, which is located on the NC Immunization Branch website: <https://immunize.nc.gov/providers/covid-19training.htm>


## Audience

Organization Administrator

Vaccine Coordinator

## Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

 **NCDHHS**  
CVMS Provider Enrollment

Home   CEO Review/Sign   CMO Review/Sign   Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.  
  
As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:  
  
[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-00597	ABC Laboratory	New (Vaccine Coordinator In Progress)	<a href="#">Agreement Details</a>
LOC-00599	ABC Labs 2	New (Vaccine Coordinator In Progress)	<a href="#">Agreement Details</a>

# CEO & CMO – Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement

If you are also the CMO and / or CEO for your organization, you can now review and sign the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable.

For more guidance on how to complete these steps, please review **CVMS Provider Enrollment Responsible Officer User Guide** , which is located on the NC Immunization Branch website:

<https://immunize.nc.gov/providers/covid-19training.htm>

### Audience

CEO

CMO

### Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

Home

CEO Review/Sign

CMO Review/Sign

Locations

Review and Sign

Finished

Review and Sign

Organization

Organization Identification:

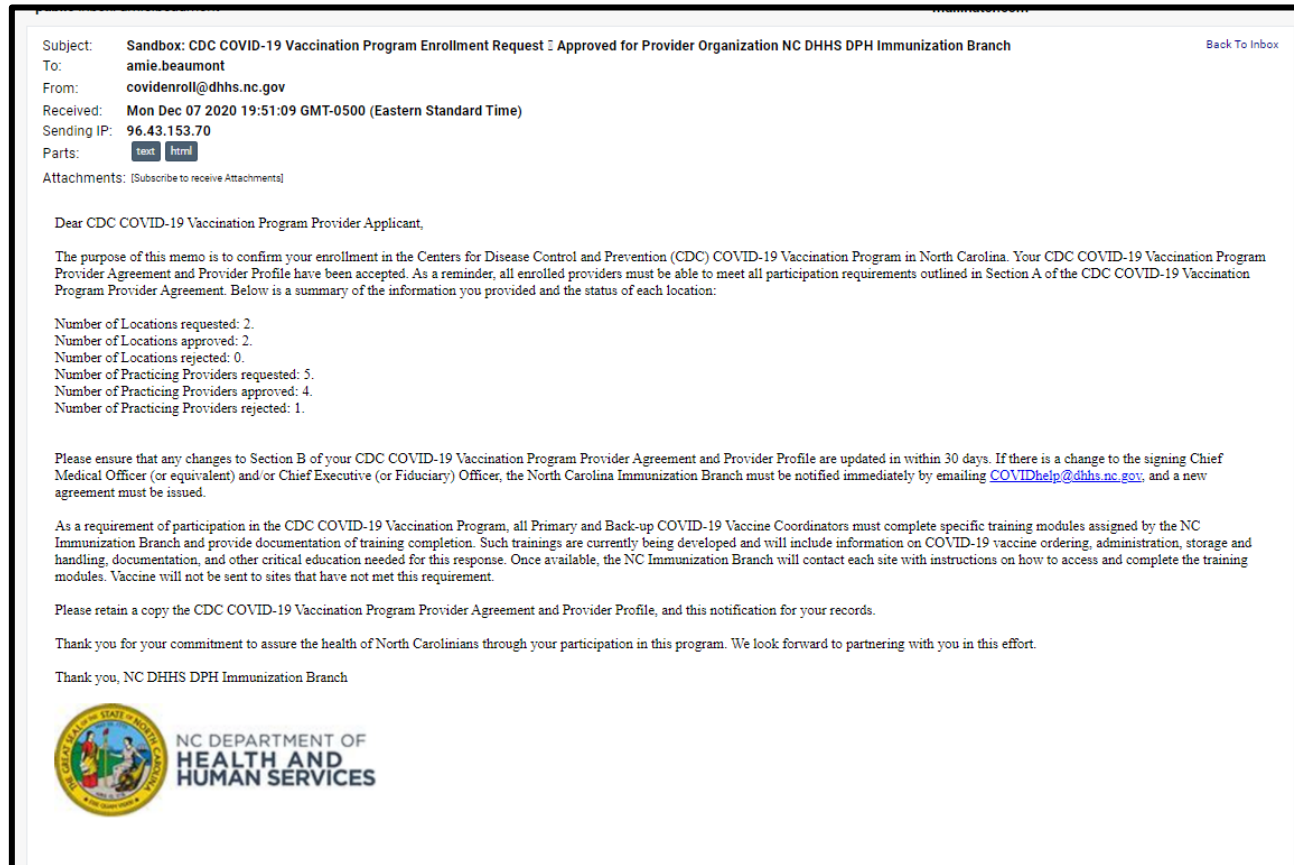
Organization Name



# Appendix

# Organization Status Notification

Your Organization Administrator, CEO, and CMO will receive an **EMAIL NOTIFICATION** once the status of your organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.



## Audience

Organization  
Administrator

CEO

CMO






## Tips

The [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov) email mentioned in this screenshot is now retired. Please contact the [CVMS Help Desk Portal](#) with any questions!

# Additional Notes

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## Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- **\* Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

## Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

## Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium browser to access CVMS.
- For more details on supported browsers, see [https://help.salesforce.com/articleView?id=getstart\\_browsers\\_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
- Note: Internet Explorer and Edge (Non-Chromium) are not supported.

# User Guide Change Log

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## Key Items:

- **Date of Change:** Date that any updates were made to the User Guide
- **Changes Made:** Summary of the updates made within the User Guide
- **Impacted Slides:** Specific slides that were updated or changed
- **Author:** The user that made the updates to the User Guide

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/10/2020	<ul style="list-style-type: none"><li>• Original version</li></ul>		Kevin Kauffman
2	12/31/2020	<ul style="list-style-type: none"><li>• Removed link to the Provider Enrollment portal</li></ul>	4, 6	Simon Couderc
3	1/8/2021	<ul style="list-style-type: none"><li>• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information.</li></ul>	1, 2, 8, 21, 26, 27	Courtney Seward
4	1/13/2021	<ul style="list-style-type: none"><li>• Replaced screenshots with updated Provider Enrollment Portal branding</li></ul>	12, 15, 16, 23	Kechia Scott